

PATENT Application Serial No. 10/019,240

Filing Date: May 13, 2002

Examiner: Randall O. Winston; Art Unit: 165 Attorney Docket No. von Kreisler.018

Randall O. Winston

1654

UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner:

Art Unit:

In re the Application for National Phase Filing in the United States of

Jörg Peter Schür

Based upon PCT/EP00/06462

Serial No.

10/019,240

Filing Date

May 13, 2002

For:

METHOD FOR THE DISINFECTION OF AIR

Certificate of Mailing Under 37 C.F.R. §1.8

I hereby certify that the enclosed Amendment and Response To United States Patent and Trademark Office Examiner's Action Under 37 C.F.R. §1.111 with supporting documents is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope properly addressed to MAIL STOP — AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on March 6, 2006.

March 6, 2006

Date

Georgia Peters
Georgia Peters

Petition for Extension Under 37 C.F.R. §1.136(a)

On October 6, 2005, the United States Patent and Trademark Office issued a Non-Final Office Action. A period of three months was provided for Applicants' Response. Applicants hereby petition for a two-month extension of time from the January 6, 2006, deadline to March 6 2006, to file their Response Under 37 C.F.R. §1.111. A check in the amount of \$225.00 is enclosed to cover the two-month extension fee (at the small entity rate).

March 6, 2006

Date

Řegistration No. 28,833

Date March 6, 2006

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to t	Application Number		10/019,240					
FEE	7,7		May 13, 2002					
			Jorg Peter Schur					
	Examiner Name		Randall O. Winston					
Applicant cl								
TOTAL AMOUNT OF PAYMENT (\$) 225.00						1654 von Kreis.018		
CIOTAL AMOUNT	Attorney Dock	et No.	von Kreis.	010				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 04-1406 Deposit Account Name: Dann Dorfman Herrell and								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity								
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Design	200	100	100	50	130	0 65	_	
Plant	200	100	300	150	16	0 80	_	
Reissue	300	150	500	250	60	300		was new a
Provisional	200	100	0	0	(0 . 0	_	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Total Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) The highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee Paid (\$) Total Sheets Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee Paid (\$) Total Sheets Fee Paid								
SUBMITTED BY Signature	John S.	. 0	0 [Registration No	. 38 833	Į-	Telephone 21	5-563-4100
Jigilatule	your s	Child.	<i>y</i>	(Attorney/Agent)	20,033	1_	21	J-555-

Name (Print/Type) John S. Child, Jr. This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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